



STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, et seq.) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1- 4 and skip to item 14 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black ink.

1. DATE OF DISCLOSURE 1-8-2004	2. NAME OF OFFICIAL OR CANDIDATE BILL HULLANDER										
3. ADDRESS AND PHONE <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">Street or Rural Route</td> <td style="border: none; text-align: center;">City</td> <td style="border: none; text-align: center;">State</td> <td style="border: none; text-align: center;">Zip code</td> <td style="border: none; text-align: center;">Phone</td> </tr> <tr> <td style="border: none;">10944 LONDON LN</td> <td style="border: none;">ARISON TN</td> <td style="border: none;"></td> <td style="border: none;">37302-4231</td> <td style="border: none;">236-4571</td> </tr> </table>		Street or Rural Route	City	State	Zip code	Phone	10944 LONDON LN	ARISON TN		37302-4231	236-4571
Street or Rural Route	City	State	Zip code	Phone							
10944 LONDON LN	ARISON TN		37302-4231	236-4571							
4. TITLE OF OFFICE HELD OR SOUGHT (Include district number, if applicable) HAMILTON COUNTY COMMISSIONER DISTRICT 9											
5. SOURCES OF INCOME: List major sources of your private income of more than \$1,000 and that of your spouse or minor children residing with you. "Major sources of private income" includes, but is not limited to, offices, directorships and salaried employments. No dollar amounts need be stated. HULLCO, INC PAPA W'S TRADING POST LLC B.M.J. LLC											
6. INVESTMENTS: List any investment by you, your spouse or minor children residing with you in any corporation or other business organization in excess of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the corporation or organization must be listed but no dollar amounts or percentages of the investment need to be stated. 											
7. LOBBYING: List any person, firm or organization for whom compensated lobbying is done by any associate, your spouse or minor children residing with you. Also, list any firm in which you, your spouse or minor children residing with you hold any interest for whom compensated lobbying is done. Explain the terms of any such employment and the measures to be supported or opposed. 											
8. PROFESSIONAL SERVICES: List in general terms (by areas of the client's interests) the entities to which professional services, such as those of an attorney, accountant or architect, are furnished by you or your spouse. 											

9. **LEGISLATIVE EXPENSES** (For members of General Assembly only): List the amount and source (by name) of any contributions from private sources for use in defraying the expenses necessarily related to the adequate performance of your legislative duties.

10. **RETAINER FEES**: List any retainer fee you receive from any person, firm or organization who is in the practice of promoting or opposing, influencing or attempting to influence directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, the legislative committees or the members thereof.

11. **BANKRUPTCY**: List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.

12. **LOANS**: List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. Loans need not be disclosed on this report if they are:

- (1) From your immediate family (spouse, parent, sibling, or child);
- (2) From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule.
- (3) Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lender and made on a basis which assures repayment, evidenced by a written instrument and subject to a due date and amortization schedule.
- (4) From a partnership in which you have at least ten percent (10%) partnership interest.
- (5) From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you or by your immediate family (spouse, parent, sibling, or child).

13. **ADDITIONAL INFORMATION**: List any additional information you wish to disclose.

14. **OPTION AVAILABLE TO OFFICEHOLDERS ONLY** (Check if applicable):

☐ There has been no change in conditions since my previous report.

15. **TO BE SIGNED BY REPORTING OFFICIAL OR CANDIDATE** (must be attested to by witness)

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report of all matters that I am required to disclose by the Conflict of Interest Disclosure Act.

Bill Hullander

Signature of Official or Candidate

1-8-04

Date

I, the undersigned, do hereby witness the above signature which was signed in my presence.

Deborah L. Spivey

Signature of Witness

1-8-04

Date